

## **Adopt-A-Park, Open Space, Trail, or Landscape Program**

### **What Is It?**

The Adopt-A-Park, Open Space, Trail, or Landscape Program provides additional maintenance to Louisville's green spaces. The program encourages businesses, organizations, clubs, churches and schools and individuals to volunteer their time, talents and/or money to the maintenance and/or improvements to the City's parks, open space, trails and green spaces.

### **Why Is The Adopt Program So Important?**

"Limited budgets only allow for minimal landscaping and maintenance in some areas," however, the need for maintenance continues to grow and the City is committed to keeping our parks, open space, trails and green spaces beautiful and well maintained.

### **How Does The Program Work?**

An individual or group may adopt a park, open space, trail or landscape of their choice or work with the Parks and Recreation Department to select an area. All adopt contracts are written to expire December 31st of each year regardless of when the contract begins. Suggested maintenance would include removing litter, pulling weeds, painting, mulching, planting and light pruning at regular times throughout the year. City of Louisville will provide trash bags, gloves, and mulch. If there is a need for weeding, planting and light pruning at your adopted location, the Parks and Recreation Department will provide direction and instruction. Another way to help is to provide a donation that would be applied to an area of your choice to improve the location or for general maintenance.

### **Who Is Eligible?**

The entire community of Louisville is eligible to participate. Businesses, schools, churches, fraternal organizations, clubs and associations, are just a few of the groups that have adopted parks and trails in the past as well as individuals. A background check is required annually before you are approved to adopt an area.

### **How Do We Recognize Our Volunteers?**

With your one-year commitment, a sign will be placed at the adopted location bearing the name of the individual or group that has adopted the park, open space, trail or landscape.

### **How Do You Get Started?**

Contact the Parks and Recreation Department at 303-335-4735 or at [pollyb@louisvilleco.gov](mailto:pollyb@louisvilleco.gov) and complete the volunteer and adopt applications attached and mail or deliver to: Polly Boyd, City of Louisville, 749 Main Street, Louisville, CO 80027. Your application will be reviewed, a background check will be administered by the City's Human Resources Department, and a representative from the Parks and Recreation Department will contact you to coordinate your program and a contract will be prepared for your review and signature.

## **POLICIES**

After completing a background check, an individual or group may apply to adopt a park, open space, trail or landscape in the City of Louisville. A minimum one-year commitment is required, except in the first year of participation when all new contracts will be written through December 31 of that year. When a contract expires, if acceptable to both parties, the adopting organization or individual may renew the commitment for an additional year following the completion of an annual background check.

Requests to adopt specific parks, open space, trails or landscape are processed on a first-come, first-serve basis. If more than one organization or individual simultaneously requests the same location, a lottery will be held to select which organization or individual will adopt that location. The Parks and Recreation Director will make the final determination as to whether a group can participate and make final assignments.

When children participate, the Adopter will have emergency contact information accessible at the site. There must also be one adult supervisor for every five children.

The adopting organization may elect to volunteer at the designated location on a quarterly, bi-monthly, or monthly basis. Certain areas may require a monthly commitment.

The adopting organization may elect to include maintenance (such as weeding or painting) as part of their Adopt commitment.

A representative from the adopting organization must contact the Parks and Recreation Department at 303-335-4735 (Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.) at least 24 hours prior to your work day, so arrangements can be made to pickup debris.

The adopting organization may keep any proceeds derived from recycling materials cleared from the park during cleanup.

Participation in the Adopt program can be hazardous. Each volunteer is required to complete a waiver form, sign an Adopt Volunteer Agreement form before participating in the program. A parent or guardian's signature is required for children under the age of eighteen. When children participate, the Adopter must have emergency contact information accessible at the site.

At the time an organization or individual adopts an area, the City of Louisville will provide the following.

- Signage identifying the adopting organization or individual
- Trash bags
- Gloves (participants may supply their own gloves if they prefer)
- Safety information

Please call the Parks and Recreation Department at 303-335-4735 at least 24 hours prior to the clean-up. Pick-up of these items will be at 717 Main Street at the Parks and Recreation office.

All participants are required to read the safety information and conduct themselves in a safe manner at all times while participating in the program. In addition, each participant is required to wear gloves while working in your Adopt location.

## **SAFETY RECOMMENDATIONS**

### **SAFETY DOs:**

**DO** make sure that all participants are familiar with these safety recommendations.

**DO** assign one volunteer as a safety coordinator who oversees other volunteers to ensure that work is conducted in a safe manner, paying special attention to participating children.

**DO** wear light or bright colored clothing which is appropriate for the work associated with the program, hard-soled, protective shoes, and gloves.

**DO** dress appropriately for the weather and take breaks on a regular basis.

**DO** work only when weather is fair and in the daylight.

**DO** bring a water bottle and wear sunscreen and sunglasses.

**DO** be aware of your physical condition and refrain from doing any activities beyond your capabilities.

**DO** watch and take precautions for:

- Snakes, other animals and insects
- Noxious weeds
- Glass, barbed wire, pipes and debris with sharp or rusted edges
- Unexpected holes or ditches

**DO** be aware of traffic on adjacent roads and driveways.

### **SAFETY DON'Ts:**

**DON'T** step into a roadway for any reason. Don't pick up litter or debris on a roadway surface or close to the edge of the road.

**DON'T** park vehicles in "No Parking" areas.

**DON'T** play around or do anything to distract passing drivers.

**DON'T** bring pets to the cleanup site.

**DON'T** leave children or pets in the car while participating in the program.

**DON'T** pickup any materials which may be hazardous to your health (ex: chemical, firearms, hypodermic needles, etc.). Please notify the City if hazardous conditions exist (911 for emergencies or 441-4444 for non-emergencies).

***\*\*These recommendations are not all inclusive. Take all precautions necessary to avoid accidents.\*\****

# VOLUNTEER APPLICATION

(Revised August 2006)

\* All spaces on this application must be completed, and it must be signed and dated.\*

## VOLUNTEER INFORMATION

|                               |  |                            |                          |                |
|-------------------------------|--|----------------------------|--------------------------|----------------|
| Name: (Last) (First) (Middle) |  |                            | Social Security Number:  | Date of Birth: |
| Street Address:               |  | City, State, and Zip Code: |                          |                |
| Phone Number: (Home) (Work)   |  |                            | Driver's License Number: |                |

## VOLUNTEER INTEREST

|   |
|---|
| What will you be volunteering for?  |
| List below any areas interested and skills which may relate to your area of volunteer interest: |

## BACKGROUND

How long have you lived in Colorado? \_\_\_\_\_ If less than one year, please list your previous address and how long you lived there.

\*If the person has lived in Colorado for less than one year at the time of their application, the City will conduct additional background investigations in the state where the applicant previously resided. The City will conduct background investigations on returning volunteers on an annual basis.

\*Persons under the age of 18 years shall provide two adult, non-relative references for consideration by the City. Appropriate references may include teachers, neighbors, or previous or current employers.

**Have you ever been charged with a crime that resulted in an adjudication of guilty, no contest, deferred judgment, deferred prosecution or conviction of any law violation (except minor traffic violations)?**

☐ YES ☐ NO If yes, list for each conviction: (1) date of offense; (2) charge; (3) jurisdiction; (4) court name and (5) disposition.

\*The City may reject a volunteer applicant or discharge a volunteer if a background investigation reveals an arrest, conviction or pending charges.

**Have you ever been involved in an incident involving child/elder abuse or child/elder neglect?**

☐ YES ☐ NO If Yes, please explain below:

**Has your driver's license ever been suspended or revoked, or have you ever been denied a driver's license?**

☐ YES ☐ NO If Yes, please explain below:

## WORK EXPERIENCE

|                       |                    |               |
|-----------------------|--------------------|---------------|
| Name of Organization: | Address:           |               |
| Dates of Employment:  | Supervisor's Name: | Phone Number: |
| Duties:               |                    |               |

|                       |                    |          |               |
|-----------------------|--------------------|----------|---------------|
| Name of Organization: |                    | Address: |               |
| Dates of Employment:  | Supervisor's Name: |          | Phone Number: |
| Duties:               |                    |          |               |

| REFERENCES  |               |
|---|---------------|
| <b>*Persons under the age of 18 years shall provide two adult, non-relative references*</b> |               |
| Name:   | Relationship: |
| Phone Number:   | Duties:       |
|   |               |
| Name:   | Relationship: |
| Phone Number:   | Duties:       |

| EMERGENCY CONTACT INFORMATION |               |
|-------------------------------|---------------|
| Name:                         | Relationship: |
| Phone Numbers: Home:          | Work:         |
|                               |               |
| Name:                         | Relationship: |
| Phone Numbers: Home:          | Work:         |

| SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION, AND RELEASE OF LIABILITY   |       |
|--|-------|
| <p>I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application. The City is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, criminal justice agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the City of Louisville.</p> <p>In the event that I am selected to become a volunteer for the City of Louisville, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of Louisville as a volunteer in a voluntary capacity and that I will receive no compensation or benefits for services provided.</p> <p>I understand that I am NOT insured by the City of Louisville Worker's Compensation Insurance and NOT covered by any Accident Medical Insurance Policy while I am a volunteer with the City of Louisville. I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.</p> <p>I hereby release the City of Louisville, its officers, employees and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation in the Volunteer Program. I grant full permission to use any photographers, videotapes, recording or any other record of this program for any purpose.</p> <p>The City will provide any applicant or volunteer who is rejected or discharged as a result of a background investigation information on how to obtain the report and contact information for the reporting agency. Determinations to reject an applicant or discharge a volunteer as a result of the criminal background investigation report are final.</p> <p>*The City may reject a volunteer applicant or discharge a volunteer for any reason or no reason at all.</p> <p><b>BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENT:</b></p> |       |
| VOLUNTEER'S SIGNATURE:   | DATE: |
| If Volunteer is Under 18, Signature of Parent/Guardian:  | DATE: |



## Adopt a Park, Open Space, Trail or Landscape Program Application

ORGANIZATION (As it is to appear on sign) \_\_\_\_\_

(up to 20 characters per line – one or two lines)

GROUP CONTACT PERSON \_\_\_\_\_

TITLE OR POSITION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ESTIMATED NUMBER OF PARTICIPANTS \_\_\_\_\_

PREFERRED ADOPT LOCATION \_\_\_\_\_

TENTATIVE STARTING DATE \_\_\_\_\_

ANNUAL NUMBER OF VOLUNTEER WORK DAYS \_\_\_\_\_

ANTICIPATED WORK DAYS \_\_\_\_\_

### STATEMENT OF AGREEMENT

As representative of this organization, I have read and agree to abide by the policies, regulations and safety recommendations (attached) as put forth by the City of Louisville in regard to the Adopt a Park, Open Space, Trail or Landscape program. I understand a Parks and Recreation Department representative will contact me to finalize an agreement. In addition, I understand that the Director of Parks and Recreation will make the final determination as to whether a group can participate and the final adopt location.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Any questions, call 303-335-4735 or email to [pollyb@louisvilleco.gov](mailto:pollyb@louisvilleco.gov)

### FOR OFFICE USE ONLY

Assigned Location: \_\_\_\_\_

Dates of Adoption: From \_\_\_\_\_ To \_\_\_\_\_

Organization (As it will appear on the sign): Line One \_\_\_\_\_

Line Two \_\_\_\_\_

New Signs: Date Ordered \_\_\_\_\_ Date Installed \_\_\_\_\_

# **VOLUNTEER AGREEMENT**

## **Minor Participants**

I, the undersigned, hereby represent that my child(ren) has/have volunteered to participate in the Adopt A Park, Open Space, Trail, or Landscape Program during the year \_\_\_\_\_. I have read the safety recommendations associated with the program and have discussed them with my child(ren).

I acknowledge and am aware that participation in this program has inherent risks and hazards. I understand that it is my child(ren)'s responsibility to be aware of his or her physical condition and refrain from doing any physical activities beyond his or her capabilities.

I agree to defend, indemnify and hold harmless the City, and its officers and its employees, and hereby release the same, from and against any and all liability, claims, demands and expenses, including court costs and reasonable attorney fees, on account of any property damage, bodily injury, sickness, damage, or other loss of any kind whatsoever, which arise out of or are in any manner connected with the work to be performed under the Adopt a Park, Open Space, Trail or Landscape program, if such injury, loss, or damage is cause in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, or other fault of my children or of any other volunteer participating in the Adopt a Park, Open Space, Trail or Landscape program.

*THIS FORM MUST BE TURNED INTO THE CITY CONTACT PERSON AT LEAST 3 DAYS PRIOR TO STARTING THE FIRST CLEANUP. ADDITIONAL SHEETS MUST ALSO BE TURNED IN IF VOLUNTEERS ARE ADDED AFTER FIRST CLEANUP.*

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1.) NAME OF CHILD

ADDRESS

---

2.) NAME OF CHILD

ADDRESS

---

3.) NAME OF CHILD

ADDRESS

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CONTACT IN CASE OF EMERGENCY

PHONE NUMBER

---

DOCTOR

PHONE NUMBER

---

PARENT SIGNATURE

PHONE NUMBER

DATE

# VOLUNTEER WAIVER

I, undersigned, hereby represent that I have volunteered to participate in the Adopt a Park, Trail, Open Space or Landscape program during the year \_\_\_\_ and have read the safety recommendations associated with the program.

I acknowledge and am aware that participation in this program has inherent risks and hazards. I understand that it is my responsibility to be aware of my physical condition and will refrain from doing any physical activities beyond my capabilities.

I agree to defend, indemnify and hold harmless the City, and its officers and its employees, and hereby release the same, from and against any and all liability, claims, demands and expenses, including court costs and reasonable attorney fees, on account of any property damage, bodily injury, sickness, damage, or other loss of any kind whatsoever, which arise out of or are in any manner connected with the work to be performed under the Adopt a Park, Trail or Landscape program, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, or other fault of myself or of any other volunteer participating in the Adopt a Park, Open Space, Trail, or Landscape program.

*THIS FORM MUST BE TURNED INTO THE CITY CONTACT PERSON AT LEAST 3 DAYS PRIOR TO STARTING THE FIRST CLEANUP. ADDITIONAL SHEETS MUST ALSO BE TURNED IN IF VOLUNTEERS ARE ADDED AFTER FIRST CLEANUP.*

NAME

ADDRESS

SIGNATURE

PARENT'S SIGNATURE  
(if applicable)

[illegible]